



State of Tennessee
Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive
Nashville, Tennessee 37243

Power of Attorney

This is to certify: _____

Located at: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

is authorized to represent (employer) _____

Applied For

☐

Employer's Federal Employer Identification Number:

Applied For

☐

Employer's Tennessee Employer Account Number:

before the Tennessee Department of Labor and Workforce Development for the item(s) checked below:

☐

for completing and filing quarterly
Premium and Wage Reports.

☐

for benefit charge management.

This authorization supersedes all prior Powers of Attorney.

Employer Name: _____

Trade Name: _____

Mailing Address: _____

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: _____ Title: _____

Return to: Tennessee Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive
Nashville, TN 37243

Phone: 615-741-2486

FAX: 615-741-7214